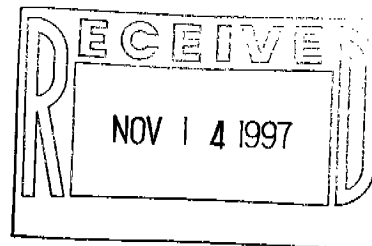




5-C Dundas Circle
Greensboro, NC 27407
(910)856-7150 PH
(910)856-7160 FAX



FAX COVER SHEET

DATE: 11/21

NUMBER OF PAGES (Excluding cover sheet): 2

TO: John Nance

Fax No. 333-6807

FROM: Sania Werner

Comments:

Hard copies to follow by mail

cc: _____

PIEDMONT TRIAD INT. AIRPORT - AIRLINE
ROAD

- LONGVIEW
GOLF

GW/UST-3 Notice of Intent: UST Permanent Closure or Change-In-Service

FOR
TANKS
IN
NC

Return Completed Form To:

The appropriate DEM Regional Office according to the county of the facility's location. [SEE REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL OFFICE ADDRESS].

State Use Only

I. D. Number _____

Date Received _____

INSTRUCTIONS

Complete and return five (5) working days prior to closure or change-in-service.

I. OWNERSHIP OF TANK(S)

Tank Owner Name: Piedmont Triad Airport Authority

(Corporation, Individual, Public Agency, or Other Entity)

Street Address: 6415 Airport Blvd, Ste 1

County: Guilford

City: Greensboro State: NC Zip Code: 27409

Tele. No. (Area Code): 910-665-5600

II. LOCATION OF TANK(S)

Facility Name or Company: Piedmont Triad Airport Auth.

Facility ID # (if available): _____

Street Address or State Road: Rwy 421 near Airline Rd

County: Guilford City: Greensboro Zip Code: 27409

Tele. No. (Area Code): _____

III. CONTACT PERSON

Name: Bill Shaw

Job Title: _____

Telephone Number: 910 665-5600

IV. TANK REMOVAL, CLOSURE IN-PLACE, CHANGE-IN-SERVICE

1. Contact Local Fire Marshall.
2. Plan the entire closure event.
3. Conduct Site Soil Assessments.
4. If Removing Tanks or Closing in Place refer to API Publications 2015 "Cleaning Petroleum Storage Tanks" & 1604 "Removal & Disposal of Used

- Underground Petroleum Storage Tanks".
5. Provide a sketch locating piping, tanks and soil sampling locations.
6. Fill out form GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation.

7. The site assessment portion of the tank closure must be conducted under the supervision of a Professional Engineer or Licensed Geologist. After January 1, 1994, all closure site assessment reports must be signed and sealed by a P.E. or L.G.
8. Keep closure records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: Environmental Management Solutions, Inc.

Address: 302-A Pomona Dr, Greensboro State: NC Zip Code: 27407

Contact: Jon Ransom

Phone: 910-632-8800

Primary Consultant: Sania Werner, ECS, Ltd.

Phone: 910-856-7150

VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			CLOSURE		CHANGE-IN-SERVICE
			Removal	Abandonment In Place	New Contents Stored
1	3,000	Unknown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title

Sania V. Werner, Project Geologist

*Scheduled Removal Date: 11/25/97

Signature: *Sania Werner*

Date Submitted: 11/21/97

*If scheduled work date changes, notify your appropriate DEM Regional Office 48 hours prior to originally scheduled date.